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A DISCUSSION ON DIFFUSED SEPTIC PERITONITIS.

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Gentlemen: It shall be the endeavor of the speaker, in the discussion of this subject, to fairly present the commonly accepted position, as it stands today, together with such impressions which have come to me as the result of my own personal experience.

During the last decade, much progress has been made in the knowledge of peritoneal affairs; experience has brought wisdom and judgment; scientific research has furnished facts; bacteriologic study of the conduct and virulence of invading micro-organisms and an acute conception of the physiology of the peritoneum and the tactics displayed, by both peritoneum and invading forces, on field of battle, have added much to the surgeon's generalship in combating this most calamitous condition.

When cases of acute diffused peritonitis are presented to our service today, the outlook though always gloomy, is far more hopeful than it was a quarter of a century ago. We have learned to do certain things now which we then feared to do, and to leave undone certain things now which we then blindly carried out.

For example, we now open the abdomen at the earliest possible moment after the recognition of intra-peritoneal invasion of micro-organisms, remove the primary focus and establish efficient drainage, with the hope of cutting off further supply of invading toxic forces; we now carefully avoid visceral manipulation, evisceration, the removal of the protecting fibrinous lymph deposit, (nature's work of defense against further infection), and prolonged operative

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procedures.

Before advancing further let us obtain a mental picture of the commonly accepted mechanism of septic invasion and the processes of reactory defense. For these facts we are indebted chiefly to the labors of Mascatello. It was he who so forcibly illustrated that the upper dome of this extensive peritoneal lymph sack is by far the most active in the absorption of elementary matter in its several states, (gaseous, liquid and solid.) It is in this area also that phagocytosis is most active and efficient. And it has been shown (Dudgeon and Sargent) that phagocytes can collect with sufficient rapidity in this area, in obeyance to the stimulus of staphylococcus albus, which so frequently precedes the invasion of the more virulent micro-organisms and establish an active defense to the migration of the latter.

The patient's physical organism must take the first step in repelling the invasion. The surgeon by his incision, his irrigation, and his drainage is acting only as the ambulance corps of the body, conveying away the dead and dying combatants on both sides, invader and invaded, and thus preventing the further poisoning which arises from their detention on the field of conflict.

Next to the diaphragmatic area, the portion of the peritoneum which suffers most in the presence of septic infection is that which covers the small intestines. Sir Frederic Treves has pointed out that infections tend to be more diffused in this territory than in those parts of the peritoneal cavity bounded by the caecum and colon at the sides, or in the true pelvis. Those of operative experience have frequently observed, in the presence of moderate infection, a fibrinous exudate, which agglutinates the infected coils of intestine in one mass, protecting the endothelial cell layer and thwarting the egress of organisms from the bowel, thus limiting the spread of infection; and further, converting a movable gut, to a fixed or splinted one, the value of which is known to all, in peritoneal inflammation.

The safety of the life of the patient thus afflicted depends on the integrity of the endothelial and phagocytic defense. In the event nature fails to react to the stimulus of infection, by virtue of over dose or extreme virulence, then the absorbing channels are open, toxins enter the blood stream in overwhelming doses and the patient falls victim to fatal septic intoxication. And again, by unwise irrigation and visceral manipulation on the part of the surgeon, injury is sustained to the endohelium with equally disasterous results.

These cardinal facts should be well kept in mind in the surgical treatment of this malady.

We owe our real knowledge of peritonitis to modern researches into the behavior of the various pathogenic organisms inside the peritoneum and the reaction of the membrane against this invasion. All our treatment must follow in the footsteps of, and wait upon this bacteriologic knowledge.

Intra peritoneal extravasation of blood is prone to be followed by the clinic features of an acute diffused peritonitis. Dudgeon and Sargent have found the staphylococcus albus in the blood clot of every case in a series of ruptured tubal pregnancies examined, and frequently, in the clot where the hemorrhage took place from mesentary, omentum, liver and spleen. In view of the above findings, it behooves the surgeon to thoroughly remove all clots, (though it requires irrigation).

Septic peritonitis arising from ruptured pyosalpinx is more virulent in character than when arising from hemorrhage. Our experience has led us to believe that acute specific inflammation of the tubes is of greater virulence than pyosalpinx of like origin. This may be due to two conditions—first the attenuation of the culture and secondly to the partial immunity arising from the previous inoculation. Septic peritonitis, arising from rupture of suppurating ovarian cyst, is of still greater virulence and derives its infection from the intestinal canal—usually of bacillus coli origin. The bacteriology of septic peritonitis of gastro-intestinal origin depends very much upon the location of the escape of the organisms. If gastric or duodenal the micro-organisms usually are stapho-diplococci or pneumococci, the virulence of which is not great.

The seriousness of the patient's condition lies in the resulting irritation produced in the peritoneal endothelium by the escape of foreign substances and the corrosive effect of the gastric juice which is followed by septic inflammatory process incited by micro-organism of greater virulence, derived from lower down in the intestinal canal. Hence the necessity of an immediate operation in which all foreign and irritating particles are removed and the breach in the viscus closed.

Next we come to the bacteriology of acute diffused septic peritonitis due to the invasion of the cavity by micro-organisms derived from the intestinal canal below the duodenum. Such cases have their origin in the escape of micro-organisms from a necrosed appendix with or without perforation, of intestinal ulcers, typhoid or

otherwise, intestinal obstruction from various causes, vraumatism or perforation of infected biliary, pancreatic or urinary passages. All these cases have certain common features—for instance, it is not absolutely necessary to have a perforation of the bowel wall in order to allow the escape of pathogenic organisms into the peritoneal cavity. The necessary condition in bringing about this migration of organisms is a distended bowel with attenuated condition of its walls and the presence in the lumen of fecal culture medium and organisms of an exalted virulence, such as are always found in intestinal obstruction and paresis. Thus it is, that the condition of the intestinal tube, and the bacteriologic flora at the time the patient is seized with the acute infection is a matter of great importance and has such a powerful influence on the ultimate issue—the matter of hygiene of the intestinal canal must be of prime importance in treating the disease.

Usually the first organism to migrate from the bowel in septic peritonitis due to intestinal bacteria is the staphylococcus albus; and as has been shown, their presence stimulates phagocytoses and increases the defense against the subsequent invasion of the colon bacillus. This improves the patient's chance of recovery, and the surgeon should be extremely careful not to molest this exudate which is so richly endowed with phagocyte.

There is a large group of very fatal cases in which the invasion is from the first due to the virulent bacillus coli—simple or multiples or the streptococcus pyogenes, in which the patient makes no reactory defense, and death soon follows the onset of attack. The opened abdomen presents a peritoneum which has lost its luster, a thin turbid fluid free in the peritoneal cavity, no agglutination of intestinal coils, no fibrinous lymph deposited as is the case where nature has first made an effort to combat the disease.

There is still another form of diffused septic peritonitis, due to pneumococcus—occuring most often in children and twice as frequent in the female as in the male. The reason given for the more frequent occurrence in the female is that the infection many times can be traced to the ascending mucus currents in the uterus and fallopian tubes. This variety of diffused inflammation may end in a large collection of pus, free in the peritoneal cavity. Most of these cases give a history of an antecedent vaginitis, and the early course of the disease is characterized by a diarrhoea. Laparotomy irrigation and drainage affords relief, if undertaken before the patient is overwhelmed with toxins. The naked eye appearance

of the exudate is very striking, the thick greenish-yellow, odorless pus, with numerous flakes of dirty white fibrin, as described by "Janson."

One of experience in peritoneal matters, will readily recognize the characteristic appearance of the exposed and visceral peritoneum; odor, color, and consistence of the exudate; and form a comparatively accurate knowledge of the character and degree of virulence of the infection. This knowledge will influence, and will guide him in how much or how little is required to obtain the best chances for ultimate recovery. The inflammatory reaction is nature's attempt toward cure, and if it fails, it was because the task was too great, never because its generous intention faltered. In reality, every case of peritoneal invasion of micro-organisms would be fatal were it not for the inflammatory reaction. Back through time we hear reverberating the enunciation of "Lord Lister," "that if the invading forces be prevented from landing the country or body politic will remain at peace and the aid of inflammation will not be called for."

Having thus briefly reviewed the fundamental principles which underlie all our peritoneal therapeutics, we shall endeavor to discuss a rational treatment of acute diffused septic peritonitis. The construction of a rational treatment of diffused septic peritonitis is founded perhaps, upon three practical and scientific principles:

First: To remove the primary focus of the infection and to prevent the further landing of invading micro-organisms.

Second: To promote leucocytosis and increase the opsonizing power of the blood. The latter to so modify bacteria in a manner which render them an easy prey for the phagocytes and puts into action the machinery of immunization.

Third: To provide early escape from the peritoneal cavity for the debris arising from the conflict waged between leucocytes and pathogenic organisms, thus preventing the detention of products which in themselves are capable of destroying life, when absorbed and carried into the blood stream.

MEDICAL TREATMENT.

The administration of an opiate in some form would seem indicated for the relief of pain as a humane measure and to arrest peristalsis whereby the dissemination of infection is minimized, but on the other hand, this would mask symptoms and produce an illusory sense of betterment in the condition of the patient and in this way influence the attendant to delay operation and bring about loss of

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valuable time. Again, opium has a marked inhibitory effect on leucocytosis, and lowers the opsonic index, the things above all not to be desired. And, further, opium increases intestinal paresis and accumulation of toxic producers in the bowels. If opium has a place in the treatment of this disease it is in the earliest stage and in sufficiently large dose to arrest peristalsis, however, we seriously question its utility other than as a pre-operative measure.

Lawson Tait pointed out the benefit that would be derived by emptying the alimentary canal of its toxic fluids, and thus purgation became a logic therapeutic measure, but he distinctly states in his original paper that only in the early state will benefit be derived.

In case of obstruction from any cause or perforation of the alimentary tract, or in the presence of paresis, an attempt to purgation would not only be of no benefit but a disturbing factor.

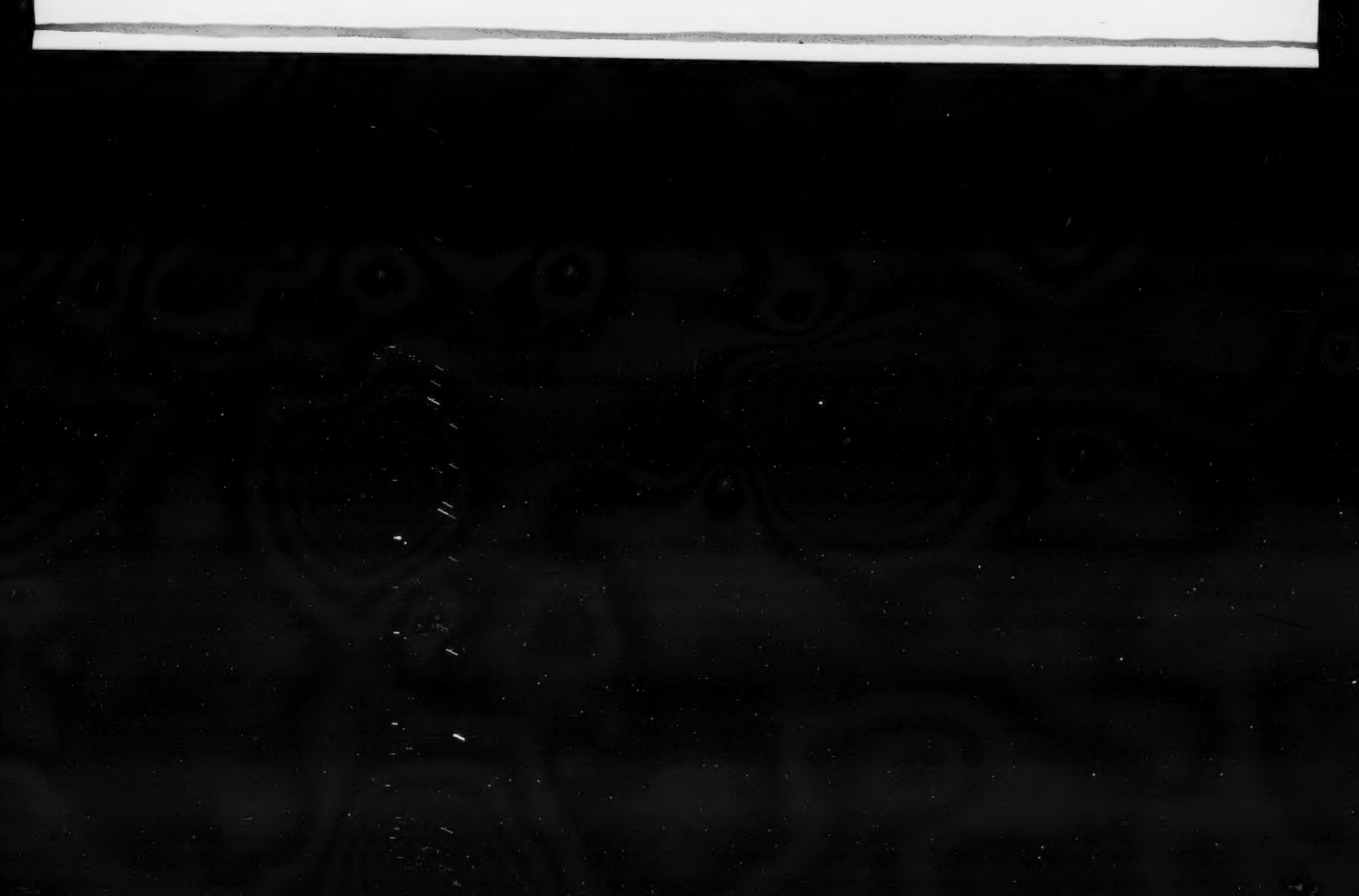
Serotherapy at present offers but little in this class of cases, inasmuch as in the vast majority of cases of diffused septic peritonitis the colon bacillus is the disturbing micro-organism, and as yet an anticolon serum is not at our command. The streptococcal infections are so rapidly fatal that there is less chance of successful serotherapy. In the less virulent infection the patient has time and is able to manufacture his own anti-toxins and then aided by wise surgical methods the chances for recovery are good. Owing to incomplete bacteriologic knowledge and in the absence of an efficient sero-therapy, the surgical treatment of this disease must remain a matter of much anxiety.

SURGICAL TREATMENT.

It is indeed, only in recent years, that surgeons have learned that it is necessary to work in harmony with organic processes of phagocytosis, opsonigation and immunization, if we hope to aid instead of hamper the peritoneum in its defensive battle against infection.

As a general rule, a large class of cases of diffused septic peritoneal infection depend on their infection from some portion of the intestinal canal, and are of colon bacillus origin or in combination with staphylococcus. Here the surgeon should regard the diaphragmatic area of the peritoneal cavity as sacred and leave it alone, unless it is the primary seat of infection.

In the next place since the great majority of cases of this malady begin at one focus of primary infection, it becomes truly necessary that this primary focus be the seat of operative attack. Thus all localized collections of pus must be drained. The perforated or



gangrenous appendix must be removed and its occupied territory drained. The perforated alimentary tract must be sutured or the gangrenous portion of the bowel removed and intestinal anastomosis established In like manner the ruptured gall-bladder or the ruptured pyosalpinx, or the suppurating ovarian cyst must be the primary object of attack.

Where the peritonitis is the result of obstruction of the intestine, from whatever cause, it must receive that attention necessary to overcome the obstruction, be it an ileus or an accumulation of feces or paresis.

When the peritonitis arises from distended intestinal coils, due to obstruction at the ileo-caecal junction from hyperplasia or a paretic condition in this territory, after an appendectomey, and the individual is doomed, the question of enterestomy should be considered. We feel that one life out of three thus operated was saved by ileo-enterostomy, although another operation later on was required to close the artificial opening in the intestine. Post operative ileus tending to a fatal issue demands enterotomy and emptying the intestine of its contents.

As a general rule, safety lies in making things secure locally, by the removal of the primary focus of infection, along with efficient drainage of the abdominal cavity and pelvis. This may be accomplished by the use of rubber or glass tubes, or by gauze enveloped in surgeon's rubber protective.

In diffused peritonitis due to the most fatal streptococcus pyogene of bacillus pyocyanesus, the infection is diffused and virulent from the onset, and there is little, if any chance of dealing with the primary focus. It is in this class of cases that operations have yielded but little good. Laparotomy and extensive drainage in lower abdomen, with Fowler position and continuous saline irrigation as recommended by Murphy seems to be indicated.

There are cases of much milder degrees in virulence; viz: inter peritoneal hemorrhage, perforated gastric and duodenal ulcers, in which the arrest of hemorrhage is the first instance and the closure of the perforation in the second, along with removal of all foreign particles from the peritoneal cavity is sufficient, if done early, and drainage will not be required, but if late it is better to drain.

Peritonitis of gonococcal origin due to extension from infected tubes, or ruptured pyosalpinx, should be treated in the same way, though the tubes should be removed and drainage established.

Peritonitis from perforation in typhoid fever calls for immedi-

ate closure of the perforation and thorough irrigation of this extensive lymph sack. The seriousness of the position lies in the patient's exhausted state, and the delay which occurs before operation; hence the extreme importance of an early recognition of the symptoms pointing to perforation.

POST OPERATIVE TREATMENT.

Place the patient in the "Fowler position" and administer saline solution per rectum after the "Murphy method", continuous irrigation under low pressure. This is said to reverse the lymph current, and thus neutralize the intra-peritoneal fluid, promotes leucocytosis, increases the opsonizing power of the blood and the semi-erect posture assists in directing the toxic products away from the diaphragmatic area, where rapid intoxication takes place when bathed in toxic fluids.

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EFFECTS OF TOBACCO.

BY W. L. CHILCOTT.

When tobacco is so universally used, when organizations are advocating its injuries, when legislatures are discussing and enacting laws for regulation of sale of tobacco—is it not high time that the student should endeavor to be informed as to the physiological effects of the soothing weed?

Kansas and Iowa have given the city council power to regulate the sale and distribution of cigarette papers. Missouri's last legislature discussed tobacco regulations. Nebraska's laws forbid the sale or distribution of cigarette papers. Utah's laws read: "Any person under age of eighteen years who shall buy, accept or have in his possession any cigarette, or tobacco in any form shall be guilty of a misdemeanor."

Allow me to state in the beginning that in this land of the free, this age of the enlightened, it is every man's—not boy's—privilege to use tobacco to his stomach's desire, so long as he does not pollute the air that his sister and susceptible brother must breathe, or stain the floors and walks upon which they must tread. I claim no man or woman has the authority to say I shall not smoke or chew when in my own barnyard, or a mile from any other human being.

As to scientific experiments upon human, giving proven results, I have been able to find very little; most of the experiments have been made upon the more susceptible animals. If you will bear with me a little while I shall endeavor to give you a few acceptable facts and opinions.

The Medical Journal of May, 17, 1902, gives the report of Dr. I. Alder feeding rabbits on cabbage mixed with an infusion of tobacco. An animal was killed at the end of two and one-half months which showed an enlarged liver, pale and granular, the liver lobulation being very pronounced. The proliferation of fibrous tissue follows the tract of portal vessels and bile ducts. The liver cells were normal; the change was restricted to intestinal tissue only.

B. Moore and R. Rowe made some very intersting experiments upon cat, dog, frog, etc. in the Physiological Laboratory at University College of London. They say the three alkaloids, piperídine, connine and nicotine, are very similar in physiological action.

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The summary of this paper is as follows:

1. Subcutaneous injections (in frogs) in sufficient doses cause complete motor paralysis.

2. This motor paralysis is due to paralysis of the intra-muscular part of motor nerves.

3. The excised frog's heart is somewhat slowed and duration of systole prolonged.

4. The heart—in situ—in mammals is at first slowed, but afterwards unaffected.

5. The arterial blood pressure is enormously raised, and the rise is due to constriction of arterioles, and not to increased heart action. This constriction of arterioles is independent of connection with the central nervous system, and is probably due to vaso-motor excitation of peripheral ganglia.

6. At a certain stage, this vaso-motor mechanism probably becomes paralyzed, as further administration no longer affects the arterial blood pressure.

I. N. Langley, (M. A. F. R. S. Fellow and Lecturer of Trinity College), at Cambidge, performed many scienific experiments, some of which Howell refers to; others are given in Journal of Physiology, Vol. 15, P. 184. While endeavoring to determine the areas of skin supplied by each gray ramus, Langley found that by cutting sympathetic trunk above and below, the gray ramus and ganglion isolated so as to allow electrodes to be placed under it. Then by injecting 4c. of 1 per cent solution of nicotine into vein of cat, prevents reflex acion of any kind. Before giving nicotine, he injected 2 c. c. of 2 per cent. solution of morphine or applied artificial respiration apparatus to keep life from becoming extinct.

In determining the position of sympathetic nerve cells connection, they injected about 10 milligrams of nicotine into the vein of cat, and it prevented all passage of nerve impulses through the sympathetic or homologous cells.

Nicotine annuls the pilo-motor effect of stimulating roots of the spinal nerves, as it does all other visceral effects; but it does not annul the pilo-motor effect of stimulating the peripheral nerves.

Previous to these experiments, Langley and W. Lee Dickinson performed other experiments on frogs and mammals to determine the physiological effect of Pituri and Nicotine. They utilized the fact that nicotine causes quickening and deepening of respiration, followed by slowing and cessation. They found that as little as one milliogram of nicotine would stop respiration. They also found

that by sectioning brachial nerve, tonic rigidity of skeletal muscles of that arm did not occur; therefore, concluding that the effect of nicotine appears to be entirely due to a stimulation of central nervous system. They then found that, in a certain stage of nicotine poisoning, no movements can be obtained by stimulating the central end of a sensory nerve, but muscular contractions were readily obtained by stimulating peripheral end of motor nerve.

The effect of nicotine upon heart beat and blood pressure is made very clear by their experiments. Langley finds that small doses of nicotine stimulate, then, if dose is increased, paralyze the peripheral nerve cell on course of vaso constrictor and vaso dilator nerve fibers, which results in a greatly increased blood pressure lasting but three minutes, then a fall below normal.

They conclude that nicotine first stimulates, then paralyzes, the medullary vaso motor and cardio accelerator centers. They think, further, that it has, in general, a similar effect upon peripheral ganglia. On injecting nicotine, micturation frequently occurs and the poison is readily found in urine.

The American Text Book of Physiology says, "Tobacco smoke applied directly to nerves first stimulates, later anaesthetizes, and finally kills."

In Vol. 26 of Popular Science Monthly, Dr. G. Decaisne gives report of some observations as to the effect of tobacco in thirty-eight youths, from nine to fifteen years old, who were addicted to smoking. With twenty-two of the boys, there was a distinct disturbance of circulation, with palpitation of heart, deficiences of digestion, sluggishness in intellect, and craving for alcoholic stimulants. In thirteen instances, the pulse was intermittent. Analysis of blood showed a marked falling off in number of red corpuscles in eight boys. Twelve boys suffered frequently from nose-bleed. Ten boys complained of agitated sleep and constant night-mare. Four had ulcerated mouths, and one of them contracted consumption.

Dr. Decaisne believed the effect to be due to great deterioration of blood produced by prolonged and excessive use of tobacco. The younger children showed more marked symptoms; and the better fed children were those that suffered least. Eleven boys had smoked for six months, eight for one year, and sixteen for more than two years. Out of eleven boys who were induced to quit smoking, six were completely restored to normal health in six months; the others continued to show symptoms for a year.

During a discussion in an American association, Prof. W. S. Dudley showed how the effects of cigarette smoking were injurious. He said in order to get the desired effect, many people inhaled the smoke; whereas in cigar or pipe, the smoke was simply drawn into the mouth, then expelled. In his experiments, he caused small animals to breathe air containing cigarette smoke, and found that after a mouse had smoked one and one-quarter cigarettes, life became extinct. Examination of the blood showed it had died from effects of CO, (carbonic oxide), which was contained in smoke, and not from the nicotine and other volatile products of the tobacco and paper. This CO is produced by the carbonic acid gas, which is first formed at the end of lighted cigarette, passing through the red-hot carbon, while the air is excluded. He affirms the smoke of cigar, pipe or cigarette, or Turkish water-pipe, would have same effect if inhaled.

Dr. Julinski, of Warsaw, has made some experiments upon the effects of tobacco smoke, which he determined to be a distinct poison, even in small doses. He asserts that its action on men is very slight when not inhaled in large quantities, but it soon becomes powerful in those who contract the habit of swallowing smoke, even when disengaged of nicotine, because he showed smoke contained a second principle called solanine, besides carbonic oxide and hydrocyanic acid. He goes on to say the effects produced by smoking depend upon the nature of the tobacco and the way it is smoked. He thinks the cigar smoker absorbs more of this poison than the cigarette smoker, and he more than one who uses a pipe. He concludes that the person who uses water in pipe reduces this harmful effect to a minimum.

Dr. Ralph C. Larrabee of Boston said the action of heart is reduced even by a moderate amount of nicotine, the effect being noticed very quickly. He thinks tobacco smoke contains from nothing to 50 per cent of nicotine.

Allowing that smoking must prevail, he would advise smokers to use long-stemmed pipes and keep them clean, and not smoke cigars too close to the end. No harm, he said, would result from suddenly and completely ceasing the smoking habit.

Osler says in his practice of medicine toxic angina embraces cases due to the abuses of tea coffee and tobacco. There are three groups of the so-called "tobacco heart":

1st. The irritable heart of smokers seen principally in young lads in which the symptoms are palpitation, irregularity and rapid

action.

2d. Heart pain of a sharp shooting character, which may be very severe.

3d. Attacks of such severity that they deserve the name of angina.

Huchard remarks that they are usually of the vaso-motor type, accompanied by chilling extremities, feeble pulse, and tendency to syncope. This author distinguishes between functional tobacco angina, due, he thinks, to spasmodic contraction of coronary arteries, and an organic tobacco angina, due to a nicotine arterio-sclerosis of these vessels.

John V. Shoemaker, A. M., M. D., (Professor Materia Medica, etc., in University of Pennsylvania), says: "Tobacco is a acro-narcotic poison, acting energetically upon persons unaccustomed to its use. Its action is accompanied by great muscular relaxation; the respiration and circulation are depressed, the temperature lowered, and the surface becomes cold and moist with perspiration. The nervous system is early affected by the drug, the motor nerves are paralyzed progressively from the periphery to the central organs; there are no marked effects upon the sensory nerves. The spinal and central centers become effected, and incoordination, staggering gait, and vertigo are prominent symptoms of the toxic action. Similar effects also follow the inhalation of tobacco smoke, though generally they appear in much milder form than when the drug is swallowed.

The slightly depressing effects resulting from a moderate use of tobacco, the power of increasing the secretions along the alimentary canal, while favoring peristalsis, and the functions of the kidneys, are valid arguments for moderate indulgence in the post-prandial cigar; but there are also psychic effects which follow its use. It allays restlessness and muscular irritability, and creates a lassitude which is favorable to the pleasant flow of fancy so happily illustrated in the "Reveries of a Bachelor." The fact that it is a sexual sedative may or may not contribute to its popularity among those who lead sedentary lives, and who find it helpful to them from experience of its effects, rather than from any judgment based upon an exhaustive knowledge of its physiological action.

Murray, a distinguished oculist, exmined four thousand persons and found 3.01 per cent color blind. 2.58 per cent had weak chromatic sense caused by use of tobacco.

The Journal of American Medical Association, (February 15,

1890), reports many cases of Tobacco Amblyopia by Leartus Connor, A. M., M. D. He showed,

1st. That tobacco has an especial affinity for a central tract in the optic nerves, and may induce central amblyopia.

2d. No other single agent has been shown to induce central amblyopia, symmetrical in both eyes, in strictly non-users of tobacco.

3d. Some especial conditions are required to precipitate an attack, as abuse of alcohol, diabetes, excessive venery, starvation, mental shock, or distress, etc.

4th. Some individuals seem to have an especial tendency to optic nerve degeneration., and to these, the use of tobacco is specially injurious.

5th. Clinically, central amblyopia is recognized by its sudden development, by the existence of central scotoma for color in both eyes without limitation of the fields of vision, by the absence of any effect of refraction or recognizable lesion to account for the sudden blindenss, and by its occurrence only in tobacco smokers.

6th. Pathologically, during at least its earlier stages, it consists of an anaemia of the central portions of the optic nerves. Possibly this may, after a longer or shorter time, induce organic disease; but this has not yet been shown in a case of pure tobacco amblyopia. Its prognosis is good during the earlier stages, at least, if properly managed.

7th. Its treatment consists principally in withdrawing the tobacco. Other measures may be profitably employed that promote the local nutrition of the eye and the system in general. The optician of this little berg has patients afflicted with amblyopia, some of whom he can induce to desist for short periods; then, when apparently recovered, they take to tobacco again which brings a return of ailment.

R. L. McDonnell, in makng his report on the family life of cigar makers of New York City, says, in three hundred and thirty-seven families there was an average of but 1.63 children to the family. One writer attributed the race suicide of France to the excessive use of tobacco. Another believes that the strong, sturdy, energetic Turks have deteriorated on account of the tobacco habit. All physicians believe that an excessive use of the soothing weed lowers one's resistance and reduces the power of repair.

Very few will dispute that it does lessen one's finer sensibilities of his social relations. The effect of excessive use is very

nicely expressed in the song, "Everybody works at our house but my old man." Or, also, the story of "Rip Van Winkle" is another example of the deteriorating effects of tobacco.

It seems to me that these toxins of tobacco must cause to be created an anti-toxin, anti-tobac-opposite side claims on something to neutralize the toxic effect, the same as is done on invasion of any other poison. If one begins the use gradually, with less than toxic doses, he may acquire this immunity without the serious symptoms gone through by nearly every boy—and many girls, too. I have seen Indian Territory church women use snuff and have spitting contests during services.

These anti bodies surely have their injurious or irritable effect upon the victim when they are not neutralized, bu t allowed to accumulate. The anti body calls for the toxin, then the toxin calls for more anti body, which keeps calling for more and more, vice versa, until one's will power is outdone.

Some claim tobacco works in a similar manner. What wife, when trying to live in peace with her irritable tobacco-weaning husband, will not exclaim, "For harmony's sake, go buy some tobacco."

Some of the world's most brilliant men have been continuous smokers. When such men as Bismarck, Grant, Holmes, Tennyson, Stevenson, DeWitt and Dr. Clark were excessive smokers, is it any woder that the ambitious boy is willing to sacrifice several delicious dinners, endure numerous reprimands and part with many nickles in his effort to follow in their footsteps?

Tobacco, then, is a sedative pure and simple, with narcotic effect, which is readily felt by habitual users when excessively indulged in. Whether or not it will affect the American as it has the Turk remains to be seen.

The future indicates a reduced use, instead of increase, as the school boy of ten to fifteen is becoming informed as to its injurious effects.

While there seems to be very little harm done by mild indulgence, very few advocate any benefit derived by its use, unless their system is being irritated by the accumulated anti-nicotine bodies. It isn't necessary to wean the old indulgers; only prevent its use among the young, and in a few years 'twill be a habit of the past.

Sir Isaac Newton was a continuous smoker; he even had to indulge in the filthy habit when calling upon his sweetheart. Sir

Isaac was a bashful sort of a fellow, and had been calling upon this fair one for many months, never so much as patting her cheek or squeezing her hand. One day her heart leaped for joy as he suddenly seized her hand, she thinking the happy moment had at last come; but alas, Sir Isaac absent-mindedly began to probe an obstruction from the bowl of his pipe with her little finger.

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The following articles will be added to the list of New and Non-Official Remedies approved by the Council on Pharmacy and Chemistry:

Bromural (Knoll & Co)

Elixir Buchu, Juniper & Acetate Potass P-M Co (Pitman Myers Co)

Tablets Acet-Phenetidin Comp P-M Co (Pitman Myers Co)

Sryup Cannibis Comp P-M Co (Pitman Myers Co)

Veroform Antiseptic (Veroform Hygienic Co)

Veroform Germicide do

Very truly yours,

W. A. Puckner, Secretary

THE EYE IN ITS RELATION TO SYSTEMIC CONDITIONS.

BY H. L. SCALES, M. D., Hutchinson, Kan

The eye in its relation to systemic conditions is a subject so vast that in a paper such as this, which is intended to be read before a body of general practitioners, only a few of the commoner and more important conditions will be discussed. The subject must be considered from two standpoints. First, systemic diseases that cause pathological conditions in the eye, conditions originating in the eye that cause pathological or reflex systemic symptoms. Diseases of the kidney are often accompanied by eye complications that afford valuable aid in the diagnosis and prognosis of the kidney lesion. In a nephritis failing vision, due to an albuminuric retinitis, is often the first symptom that causes a patient to suspect that he is not well. On opthalescopic examination a retinitis is discovered that is often so typical of Bright's Disease, that the diagnosis can be made from the retinitis alone.

Albuminuris retinitis is so common during pregnancy that any decrease in the vision of a pregnant woman should be looked upon with suspicion and a careful examination of the urine made. Even if no albumen is found an apthalmoscopic examination of the fundus should be made as there may be a retinitis and no albumen be found. However, repeated examinations will always demonstrate the presence of albumen or casts, or both. Albumenuric retinis is not only an important diagnostic sign, but has also an important bearing on the prognosis. Retinitis occuring in a chronic nephritis usually comes late in the course of the disease and a prognosis can be made of a fatal termination in from six months to two years. In acute nephritis the prognosis is fairly good both as to recovery of vision and from the nephritis, but even in an acute nephritis with retinitis the ultimate prognosis is not very favorable. A case of each form will illustrate: Mrs. H., age 56 while on a visit to St. Louis in February, 1905, noticed that the vision in one eye was failing, and consulted an oculist, who prescribed glasses. On the way home she spent a week in Wichita and while there consulted another oculist, who found what he thought was beginning retinitis and found albumen in the uterine. On her return home she consulted me, and, while there was no doubt of the retinitis, I found no albumen. This was no doubt only a transient absence

as her condition did not improve, and she died February 1907 of nephritic coma. This case lived much longer than the average case, but she was seen very early in the retinitis; so early that the diagnosis was a little in doubt.

The case of Mrs. J. illustrates a retinitis occuring in a case of acute nephritis. Mrs. J., age 22, was delivered of her first child without anything that would indicate a nephritis except a rather severe headache. Did well until one week after confinement, when she complained that she could not see objects plainly across the room. On opthalmoscopic examination a typical albuminuric cetinitis was discovered in both eyes. The urine was loaded with albumen; under appropriate treatment vision was regained, albumen disappeared, and the patient two years later is apparently in perfect health. It has been said that no disease is such a scourge as syphilis, and certainly no one disease causes such devastation in the eye as does syphilis. The most common eye disases due to syphilis are iritis and keratitis. Probably 50 per cent of all cases of iritis are due to syphilis. Iritis usually occurs in acquired syphilis rarely in heredity, and with proper treatment should recover with good vision. But unhappily many of these cases are neglected until adhesions take place and an effusion is thrown out and recovery takes place with a crippled eye. In inherited syphilis the eye lesion most common is interstitial keratitis. The unfortunate child who suffers from interstitial keratitis is truly an object of pity. The usual course extends from six months to two years, and even with a good result they are practically blind during this time, and recovery is never perfect. Rheumatism, malaria, auto toxemia and many other diseases cause serious pathological conditions in the eye. Within the last year autotoxemia has been more and more suspected of being the cause of many diseases of the eye in which the etiology has heretofore been obscure. Within the last few months Dr. Schweinetz had an elaborate paper in the Journal of the American Medical Association on this subject, and while he did not endeavor to make positive statements as to the acute toxemia being the cause of many eye diseases, yet he laid the foundation for further study along this line. Pathological or reflex systemic symptoms caused by conditions originating in the eye, and usually due to eye strain and this alone will be considered. Eye strain is due either to some error in the refractive media or to muscle imbalance. Of the many symptoms due to eye strain by far the most common is headache. And it is also true that

from 75 to 90 per cent of all headaches are due to eye strain, and can be relieved by properly fitted glasses. Eye strains most common effect is on the nervous system and in many conditions that we designate as neuresthenia the underlying cause can often be traced to eye strain. This element should not be lost sight of by the surgeon in his gynecological cases as in many women with conditions demanding operation there is a complicating eye strain and the results will be much better if the refractive error is corrected. The relief of the eye strain will often relieve the nervous element that prevents a perfect recovery. For several years the question as to whether or not eye strain was a cause of epilepsy has been bitterly discussed through the journals with very emphatic statements from both sides. I have one case of undoubted epilepsy that was cured by proper refraction. Miss A. B., age 16, had been under treatment for epilepsy for one year prior to January, 1905, with the attacks increasing from one a month to seven or eight a month. Suspecting eye strain from other symptoms and not with much thought of benefitting the epilepsy, she was refracted under atropive and given full correction for a compound hyperoper astigmatism. She was continued on the same line of treatment, and, to my surprise, the attacks ceased and she has never had a recurrance. It has been over 26 months since the last attack, and I think she can be considered cured

In closing I would like to ask you to keep in mind the eyes as a probable cause in all cases of headcahe or in nervous cases in which the cause is obscure.

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MEDICAL SCIENCE.

BY T. A. STEVENS, M. D., Caney, Kan.

When I decided to write a paper on the subject of Medical Science, I addressed a letter to a few well known and successful medical men, asking for suggestions that would help me in its preparation. While I have taken advantage of the thoughts expressed by others, the following is a sample of nearly all of the replies received. "While I may have been long on the practice of medicine, I am certain I am short on the science of medicine, in fact, long since I had concluded that medicine was not at all a science." Then I remembered the rather gloomy aspect of the paper, the 'Internist,' read before this Society last year, by the able gentleman, Dr. J. M. Latta. All this had a somewhat cooling effect upon my ardor, but appreciating the environments of the hour, and the dignity and culture of this select convocation of men and women, representing a noble profession in a great State, it were rashness to come before you with this paper, with its incompleteness and its imperfections, without feelings of trepidation and solicitude, lest I should fail to interest and benefit you.

Being much enamored of Medical Science, and jealous of its true dignity and importance, I hope I shall be pardoned if my theme is a digression from the ordinary and the routine on occasions like this. I am inclined to barter the technical for the practical, and speak of the inalienable birthright of the physician, his true sphere and position as a professional man. Today, as never before, he is appreciated as an essential factor in life's economy. Science has laid her richest bequests at his feet, placed her most secret discoveries in his hands, and is relegating the quack and the conjurer to their proper places in the ignorant past.

The modern physician is an evolution of science, the product of progress. The medicine man of the past, and the physician of the present, are peculiarly diverse.

Medical science begins with mystery and works itself out into the plausible and practical. We do not know what life is, but we know it exists under fixed laws, survives under certain conditions or environments. To study these complex and subtle laws of being and repair their violations is the sphere of medical science. Biology

Read before the Kansas State Medical Society, May 10, 1907.

physiology, and kindred sciences endeavor to take us up to life's fountain head, where we catch a glimpse of the embryonic fires in which life's warm currents are generated, and watch the coming into view of vital forces which make life's great river.

The practice of medicine is the going down into the damp miasmatic valleys where the streams have become foul and murky and stagnant, and as best we can open its channels, deepen its currents, purify its waters, eliminate its defects, restore its harmony until the heart's pulsings shall be as the rythm of some exquisite poem; therefore medical science has to do specifically with physical life, and of necessity, its antithesis, death. It assumes to be life's guardian and death's sworn and skilled enemy. It is pledged to the amelioration of human suffer ng, the easing of human pain and the binding up of its wounds. In such high emprise, we as practitioners are engaged, and to such lofty ends is medical science devoted.

The practical application of medical science or the practice of medicine is interesting in itself, but when we view it from a needful and benevolent standpoint, it is the supreme science of the age. As it learns it gives out its blessings, and as it receives it bestows in pure coin like gold. Indeed, the medical contributions to humanity within the last one hundred years have been broad and benevolent.

Her practical achievements have been marvelous. Medical science has recently devoted itself to the modes of preventing disease with wonderful success; the value of cleanliness; the adaptation of food and clothing and the intelligent observance of hygienic laws has greatly decreased mortality and contributed to human longevity. So late as 1870 the average duration of human life was about thirty-three years, today it is reckoned at forty-two and one-half years. Medical science has reduced the mortality among children in the last quarter of a century, about one-third.

Hippocrates, "the father of medicine," William Harvey, the distinguished discoverer of the circulation of the blood, John Hunter, the father of surgery; Edward Jenner, who by his discovery of vaccine for smallpox, has saved millions of human lives; Galena, the prince of physicians, and Columbus who succeeded him; Malphighi, who introduced hypodermic medication; the great work of Charles Darwin, followed by Haller's work on the irritability of Protoplasm; Virchow, with his cell doctrine, Pasteur on bacteria and immunity; Robert Loch, who isolated and demonstrated the

germs, and who with Virchow established one of the principles of immunity, which probably promises more than all else to minimize human suffering, and others, have builded the foundation upon which medical science stands, and upon which so much is now, and will be achieved.

Briefly stated, these are some of the achievements of our profession, a few of the trophies we have gathered, some of the laurels which crown the brow of medical science, while she looks into the future full of hope and promise.

Science, hearing the pathetic wail of the infant, and the groanings of age, and seeing the color fade from beauty's cheek, and the strong man bowing to the destructive behest of disease, and moved by the pathos of that scene, has kindled her beacons and entered the arena to save. She has fought with superstition, struggled with ignorance, been challenged by prejudice, battled with diverse, watched symptoms under the feeble glare of the midnight lamp, braved the danger of pestilence, the most fatal of epidemics, with a heroism which amounted to martyrdom, in order to understand disease and subdue it.

Medical science has done more to eliminate superstition than all else combined, until now it enjoys the position of peace, progress and power. The less superstition, the greater is civilization.

The progress of the profession tends continually to its elevation; the practice of medicine is no mean calling; the novice and neophite has much to learn, and the quack and the counterfeit must fall out of the ranks.

The medical profession demands the most cultivated brain and the truest and best types of manhood to do it full honor. The physician is not as other men; peculiar and intricate and endless are the demands upon him. He is the child of the storm, as well as the calm and sunshine; he is the messenger of the night as well as of the day. God shall write in some enduring temple of fame the names of good true men and women who have administered to human suffering; nameless heroes here who in tent, hospital and hut of poverty and battlefield, have relieved pain and ministered to suffering, and took away the pangs of death.

This is perhaps the sentimental side of a physician' life, but I know as well and by experience, he should not be careless with his words, extravagant or idle in his opinions. His very calling demands that he take into the sick room a heart of gold, nerves of brass, a clear, cultivated brain, and all those splendid affabilities

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and courtesies which belong to the most splendid specimens of men.

Her practical achievements have been marvelous. The basis of all of the compounding of medicine is chemistry; the development of chemistry as a science and the consequent ability to prepare medicines with a view to their chemical value, belongs to the past century. Medical science has made the basis of all treatment diagnosis or the discovery of the real nature of the disease to be treated. This depends upon a physician's knowledge, and this knowledge is about as recent as chemistry. It is only about one hundred and fifty years since the first medical college was organized. In 1800 there were but five in this country, now there are over three hundred. Surgery, that sad necessary to the maintainence of human life, has made wonderful advances, mainly because of knowledge of anaesthesia and more recent knowledge of asepsis. The priest is not more conscious of the violation of moral law than the physician of the flagrant violation of physical law. His confessional is the consulting room or the sick chamber, where one great physical law brings rich and poor, youth and age on one common level and one common bar to answer for the violation of laws as sacred as those of the decalogue. Things that should be sealed and inviolate are his only data in the treatment of disease. Science relegates to him the exploration of the beautiful and intricate and hidden temple of nature, because of his knowledge of its delicate and splendid poise, that he may discover and repair its defects. He is an encylopedia of unwritten history, which if published, would perturb the otherwise placid face of society, and perhaps mar the peace and poise and happiness of homes. He is the legitimate actor in the suffering drama of life, whose worthiest and bravest deeds are not always appropriate to a proclamation in common language in the ears of the multitude. He is the custodian of things sacred. These are some of the things which he inherits, which society bequeaths to him as his portion and birthright. A medical education is no mean attainment, and the medical profession is no mean calling Its true position and influence in social economics is being recognized. The practice of medicine is more than a fee for services rendered, it is more than food and raiment and a competency when age and infirmity come to us. It is loftier in its conception, grander and more far-reaching in its results.

The Kansas Medical Society year of 1907 is gone, we stand on the threshold of the new, where honor is to him who will win it; there is scope for the broadest culture; for the highest ambition and

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grandest attainments. A mighty thrilling force permeates land and people, the counting house, the mill, the factory, the machine shop, the laboratory, the forge, the furnace is inspired with an activity which is continuous and extensive, investing material forces with an almost spiritual charm. Vast, immeasurable expenditures of power, resulting in magnificent attainments. Life, society, the arts, the sciences, the humanities seem to be approaching their final stage, "The Augustian age of humanity." An epoch which means a crown of glory around prophet and teacher and statesman and scientist. The medical profession has taken position in the front surge of the battle as humanity struggles on to perfection, and as the immortalities and abiding is achieved, medical science is elevated to a permanent place, it has come to stay. Humanity's pulse is in its scientific hand, and its heart throbs are noted, its weaknesses are discovered, and she is ransacking ocean and earth and air for remedies to heal its wounds. Other professions may lose their utility in the progress of things, but the medical profession is the one indispensible thing. The religious devotee may forget the priest and the altar; the lover may forget his impassioned vows; the mother may forget her babe after it is delivered, but man smitten with pain will not forget to seek relief.

Human life and the kindly offices of the physician are indispensible. The maker of swaddling clothes may precede us to a home on special mission, and the undertaker and the clergyman may make one visit after we depart, but the physician is present when the throes of nature's anguish announce the advent of a human being into the world, he is his constant companion and help in his earthly house of pain and suffering, and in the last battle mortality makes for existence he is there and notes the failing pulse as the pallor of death creeps into the cheek, and the death damp settles on the brow, and does not forsake him until the soul has departed on its long mission, gone into that mystery which we call eternity,—such is the relationship of medical science to human life.

In conclusion, let me say to my coadjutators, composing this Medical Society, may the God of Medicine and Healing prosper you in all things which are legitimate and right, and may each of you achieve something for the good of the profession in your respective and versatile fields of labor, and may all of our achievements be for the increasing of the splendor of the crown upon the benignant brow of medical science.

I desire to speak more particularly of the proposed education

for the public. The knowledge of the great work done by the profession for the amelioration of the sufferers of mankind, its philanthropy, its contribution to the happiness and comfort of man is so segregated that the public only faintly realizes its vast import. To the teachings of the medical profession, society owes for its perfected civilization, its sanitation, consequently its general good health more than to all else combined. Its teaching of the truths necessary to the happiness, comfort, contentment and prosperity of man has not been excelled by the combined influence of the clergy and statesman.

I believe that each county society should select a lecturer who should by pen and upon the rostrum inform the public of the great work that medical science has done and is doing now for both civilized and uncivilized man.

Education would relieve the public of the idea that a quack, a traveling "specialist" etc., is one who possesses superior knowledge and does such work that the ordinary doctor cannot attain.

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TREATMENT OF ABORTION

HERBERT RANDLES, M. D., White, City, Kan.

Abortion treated by methods formerly in vogue caused acute and chronic diseases of the reproductive organs and made many invalids. The same is true in some cases at the present time because of the careless manner in which they are handled, but results are very satisfactory when the proper methods are followed, and it is even possible that the pre-existing endometritis which caused the abortion may be cured by correct treatment of the uterus at the time of the abortion.

In considering treatment we make several divisions, viz: threatened, inevitable, incomplete and missed abortion and the abortion habit.

Time will permit me to take up only a portion of the treatment and will consider that for inevitable and incomplete abortion which cases are much more frequent since many neglect to consider the physician until the preventable stage has passed. Much has been written in discussion of the merits of the so-called expectant and active plans of treatment and, while much can be said in favor of both, and in certain cases, for definite reasons, the expectant plan may be best; still I am convinced that in most cases active interference, as soon as the abortion is considered inevitable, gives the best results, even though not demanded by reason of hemorrhage.

I find that many prominent obstetricians have practically abandoned the expectant plan.

If the uterus has expelled the embryo and its membranes and the physician has the opportunity to examine the same so as to be reasonably sure that the uterus is empty, and the hemorrhage has ceased, it is best to interfere as little as possible and allow nature to handle the condition but, I find that this is seldom the case and more often only a portion, if any, of the product of conception has been expelled.

Under these conditions the two plans of treatment above mentioned are recommended—the ergot and "do nothing" plan, which is still followed by a few, is not safe and should not be used.

By the expectant plan we mean the use of a well placed

Read before the Morris County Medical Society at Council Grove, 9-17 '97.

vaginal tampon which balloons the vagina and usually stops hemorrhage and assists in the expulsion of the uterine contents. This is allowed to remain for 8 to 12 hours when on removal if the embryo is not found in the vagina, the tampon is renewed and removed within 8 to 12 hours. If then not successful the cant must be used.

The active plan consists in the thorough removal of the embryo and its membranes as soon as it is decided that abortion is inevitable. This I will describe more in detail.

First, last and always, strict asepsis must be observed. This, however, is hardly less important when the vaginal tampon is used. The patient should be partly, or completely anesthetized. If she bears pain well she can be managed by giving, hypodermatically, 15 or 20 minutes previous to the operation, morphine ¼ and atrophine 1-150, and then giving ether to primary anesthesia only. Ether is safer than chloroform, especially if there has been much hemorrhage. With the patient in the lithotomy position, the hair of the mons veneris and labia majora should be shaved or closely trimmed, and the whole region including the lower abdomen and thighs should be scrubbed with green soap and hot water, followed by a good antiseptic such as Bichloride 1.2000 or alcohol or both. Then the vagina should be treated in the same manner and finally douched.

With a good perineal retracter in place, the cervix is caught with one or two double tenaculi and without much traction the uterus is steadied and the os dilated with a branched dilator such as the Goodell, to about 1½ inches, and a medium sized dull curet is very cautiously introduced and carried to the fundus. It should have a hollow stem and be attached to a fountain syringe containing 2 quarts or more of sterile 1 per cent lysol solution which is allowed to flow, and the embryo clots, etc., which can be easily removed are gently scraped out, systematically covering all parts of the uterus passing the curet from fundus to cervix and giving special attention to the cornea. After thorough irrigation the uterus is packed with 10 per cent. iodoform gauze. For this purpose the metal gauze packer and packer strips are very handy. A light tampon of iodoform on bichloride gauze is placed in the vagina. The packing should be removed in 36 to 48 hours and the vagina cleansed thoroughly.

The after treatment consists in rest in bed for one week and the use of ergot and strychnine to assist involution.

Various modifications of the technique are used by different

operators, but I believe this to be the best unless called for by some special condition. Dr. J. Clifton, leader of Cornell University, says that the tampon in the uterus is unnecessary unless called for by reason of hemorrhage which is not stopped by the curet. While Dr, A. P. Davis of Jefferson, gives it an important place. It has been my experience that it is quite essential as it assists in detachment and discharge of the decidua, lessens hemorrhage by stimulating contraction, provides for drainage and hastens involution.

A recent case emphasizes this: M. W., age 24. First pregnancy of about 2 months duration. Good family and personal history except for some disorder of menstruation, which was never diagnosed definitely and was treated indifferently. On June 30th the patient became overheated and on the following day colic pains and watery discharge from the vagina began. On July 2nd and 3rd the discharge was slightly bloody, but pain and hemorrhage ceased entirely after rest in bed and administration of chlorodyna and black now. Later the pain and hemorrhage returned and on July 12th it was decided that abortion was inevitable and a temporary tampon was placed in the vagina to stop hemorrhage till curettage could be arranged for.

The technique already described was followed except that I omitted the packing of the uterus.

Recovery progressed quite satisfactorily but was prolonged and after the discharge had almost ceased it suddenly became quite bloody and a small amount of debris and clots was expelled showing that drainage had not been perfect.

From former experience I am satisfied that the uterine packing would have hastened recovery if it had been used.

Some remove the packing in 12 hours or less, but 36 to 48 hours is none too long to accomplish the results desired, and if iodoform gauze is used no harm can come from allowing it to remain.

Asepsis is of first importance and if not strictly observed more harm than good may be done. It is quite tedious to carry out all of the detail but if we would be more careful in both confinement and abortion cases we would have fewer cases of puerperal infection and the resultant chronic ailments. In fact my experiene leads me to believe that puerperal fever may be about entirely eliminated in country practice by thorough aseptic precaution. Occasionally auto-infection occurs but not so frequently as in

cities where gonorrhea and such diseases are more prevalent, and usually infection comes from without.

It is not always easy to carry out strict aseptic and antiseptic technique with the accommodations which we often find in private houses, but we can always have boiling water and I believe that this ought to be used in sterilization, where possible instead of depending on chemicals.

For the hands and for ears and the female parts the liberal and thorough use of soap and hot water with a brush continued for 3 to 5 minutes followed by antiseptic solution will accomplish more than when too much confidence is placed in antiseptics.

After the hands and instruments have been sterilized it is very easy to allow them to become septic by their coming in contact with clothing, towels, etc., which are not sterile, but it can be avoided by a little caution. Because women only occasionally become infected when these precautions are not taken is not sufficient reason for being lax in the matter.

Some operators use the sharp curet and those who are using the instrument often may use it with safety, but for general use the dull one does satisfactory work and is safer as the uterus may be perforated quite easily in some cases if care is not used, especially in carrying the curet to the fundus. The average results will be better if the acute treatment is used from the beginning in all cases for the following reasons:

1st. there is less hemorrhage, even though it may not be excessive by the expectant plan, convalescence will be shortened by lessening the loss of blood and anemia, which results.

2nd. Thorough drainage is secured which lessens the danger of infection and inflammation and resultant acute and chronic diseases.

3rd. No abortion is complete when the ovum comes away since the decidna is much more vascular at the time than it is after the third month when the placenta is more fully developed and by the curet and packing more rapid and thorough separation is secured..

4th. We are sure that the uterus is empty and we cannot be in any other way.

5th. Involution and convalescence are hastened and there is less suffering for the patient since the abortion is completed rapidly and usually 6 to 8 days in bed is sufficient, while with the expectant plan the completion of the abortion is prolonged and the

tampon causes pain and inconvenience and two weeks in bed is required to bring the organs to as good condition.

6th. An endometritis which caused the abortion may be cured by this treatment of the uterus.

7th. The patient is safer since a vaginal tampon may be expelled during the physician's absence and hemorrhage become dangerous.

8th. The expectant plan causes pain and suffering and is often unsuccessful requiring active treatment, eventually.

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PROPRIETARY EPSOM SALTS.

By LLOYD A. CLARY, B. S. M. D.; O. B. WYANT, M. D.

Winfield, Kan., Jan. 6, 1908.

To the Editor:—Believing that a discussion carried on in private will do absolutely no good to any of the parties concerned and also believing that the following, when presented to the profession as a whole, may accomplish some good we are sending you this communication together with the letter attached for you to present through the columns of the Journal.

To begin at the beginning. At a meeting of the Cowley County Medical Society a paper on "Proprietary Medicines and the Relation of Doctor and Druggist" was read. Dr. Wyant had prepared thoroughly for the discussion, especially having studied the phase of the subject pertaining to the method in which a manufacturer should present his product so that it could be given the support of the honest doctor, and this without detriment to either. He also went fully into the subject of the way the druggist should handle, advertise and push his products (both "patent" and proprietary medicines). This meeting resulted in some good though, of course, there are always enough luke-warm brothers in any county society to almost make those with higher ideals and advanced views pull their hair in despair.

In the paper above mentioned the following was said of Abbott's Saline Laxative: "We have heard doctors in our county society meetings endorse Abbott's Saline Laxative. Do you find this preparation among the pharmaceuticals on the druggist's shelves? No, it stands out boldly among the "patents" and is sold as such. Do you know what it contains? Do you think it just and fair to the patient to ask him to buy a can of this stuff at 50 cents when the label boldly proclaims it to be 60 per cent magnesium sulphate in effervescent combination? Why not prescribe magnesia sulphas effervescens U. S. P., under its own name and have the druggist put it up and dispense it at better profit to himself and at a saving to your patient?"

This was a plain plea, it seems to us, for the use of U. S. P. products—or more especially one of them—and the discarding of a preparation practically the same as the official one in formula though costing the pharmacist and consumer much more. It was simply the plea of the Council on Pharmacy and Chemistry and of all sensible, progressive pharmacists and physicians—the plea to lay aside proprietary products wherever and whenever the U. S. P. and N. F. contain the same or practically identical preperations or when the proprietary preparations can be laid aside with benefit to physicians or patient—which, by the way, is not seldom. We did

not discuss Abbott's Saline Laxative at great length nor go into detail about it, simply calling attention to its contents—not vindictively—but simply trying to open the doctor's eyes to the folly of using the preparation—considered from a business standpoint.

The paper was published in the Journal of the Kansas Medical Society, Nov. 1907. Shortly after its appearance there the following letter reached the author of the above mentioned paper:

Chicago, Nov. 29, 1907.

Dr. Lloyd A. Clary, Winfield, Kans.

My Dear Doctor:—I notice in the last number of the Kansas Medical Journal your objection to the druggists putting Abbott Saline Laxative among the patent medicines. If you will kindly indicate to us any means of preventing the druggist doing this after he has bought and paid for the preparation we would be exceedingly obliged to you. I have read and reread what you have to say to see if there was any further objection on your part to the Saline Laxative, but if there is your article does not say so. Should there be any further objection to this saline laxative, or the way it is handled by the proprietors we would be exceedingly obliged to you if you would let us know.

Very sincerely yours, Dr. W. C. Abbott.

The recipient of this letter had to smile when reading it. The trick was very apparent—very clear. It is really quite a clever letter. Doctor Abbott asks us to indicate a means of preventing druggists placing Abbott's Saline Laxative on their "patent medicine" shelves. At first you feel inclined (perhaps) to sympathize with the poor, weak, helpless manufacturer. It's too bad! He tries his best to do the right thing by the "dear doctor" but the all-powerful, overbearing, tyranical retail drug man in his majestic might sets at naught all the worthy efforts of the poor, feeble manufacturer, and with satanical glee places the pure, wholesome and super-ethical can of salts on the shelf—yea, even on the "patent medicine" shelf—there to cavort with Lyda Pinkham, old Mother Winslow, Mr. Hostetter and scores of other imps and impesses of the Realms of Darkness. We feel so sorry for the poor little can of salts. Poor, innocent, little thing placed there in such vile company without a chance to stay the mighty hand that places, and with such degrading associates and playmates, how can it hope to withstand the influences of its surroundings? How can the gentle, trusting, innocent help becoming corrupted and devilish? And the poor parent! How our heart aches for that poor father as he sits helpless watching his dear baby child, his sweet little can of epsom salts go to the devil!

The recipient intended to ignore the letter, the folly of a personal reply being only too clear. But his colleague in this discussion, Dr. Wyant, thought differently about it and asked permission to write an answer. The following is a copy of that answer.

Winfield, Kansas, Dec. 4, 1907.

Dr. W. C. Abbott, Chicago. Ill.

Dear Doctor:—Your letter of the 29th ult. to Dr. Lloyd A. Clary of this city this day handed me for my consideration.

The article referred to was read at the Cowley County Medical Society in September, and was freely discussed by different members of the society, myself opening the discussion. In your letter you say you would be exceedingly obliged for any indication to you of any means of preventing the druggist putting proprietaries like "Abbott's Saline" on same shelves with patents after they have paid for the same. I will very gladly suggest a remedy, one most agreeable to the honest druggist and the profession. Put your "Saline Laxative" up in a container that has no name of Mfgr. stamped thereon also without wrapper containing a lot of advertising such as is used by all quack medicine houses. A label containing contents and adult dose is all that is required for any druggist to know. If you have anything further to say, say it to the profession and not to the public as is done by patent medicine houses through Almanacs.

If the above rule is followed out the proprietaries that have real merit will be found on the druggist dsipensing shelves and not among the worthless patents. In a short time the united profession will refuse to use or prescribe any remedy put up in "patent medicine "fashion. I have long ago refused any retail man the right to leave on my desk remedies so put up. I am for advancement all along the line but can see no good in names of manufacturers or remedy blown in container and the same put in pasteboard coverings, or with a wrapper, containing a lot of advertising matter such as is used by quack patent houses for the druggist to counter prescribe and the laity buy and use at random. I would like, Doctor, for you to publish a copy of your letter to Dr. Clary and my answer to same in your January Journal.

Remedies put up as you put up your "Saline" is either for the profession or the patent trade. Which, Doctor? Truly yours,

O. B. Wyant, Treasurer Cowley County Medical Society.

Now the above was written and mailed Dec. 4, 1907, plenty of time to have been published in the January number of Doctor Abbott's Journal, the American Journal of Clinical Medicine, but we note that it did not appear. This we expected. What is more significant, however, is the fact that absolutely no attention was paid

to Dr. Wyant's letter, at least no answer has been received. If Dr. Abbott wished to do the right thing with his "greatest human house cleaner on earth," he certainly would have indicated his intention at least by this time.

The truth of the matter is we are chumps—fools would perhaps be a better word—to give support to a preparation such as the above. We, the physicians of America, who have used and prescribed this stuff, are primarily to blame. If we hadn't used it to begin with, the manufacturer would not have continued putting it out. But now that the best element of the profession has awakened from its lethargy and demanded a change in the proprietary business, an essential change and one to benefit all honest men, now that this has been demanded there is no shadow of excuse for the continuance of the policy shown in the exploiting of Abbott's Saline Laxative. Especially should there be no such "patent medicine" methods from a house whose head has always proclaimed such friendship for the doctor. "Our work is for the doctor." "For the doctor as against any power in creation or any combination or movement that may be used to his detriment." "We have no secrets whatever from the profession." A few samples of the sayings of Abbott. If Dr. Abbott means what he says he should hasten to "get right" with his Saline Laxative, tear off the "patent medicine" literature around the can, wipe out the name of manufacturer from its boldly prominent place in raised letters, and put out a preparation we physicians can prescribe without the fear of the patients' returning to the drug store for pounds more in the belief that we are helping the nostrum business.

Now, just a word more. Dr. Abbott repeatedly evades the issue in replying to the criticism on his products as shown, for instance, in his answer to various recent attacks which he makes in the advertising columns of the St. Louis Medical Review, December, 1907. He claims the Journal A. M. A. is unjustly prosecuting him. We don't believe a word of it.

And right here we wish to say that there is no personal attack, no personal animosity, nothing but a desire for fair play and fair dealing in this communicaton. We would just as willingly attack any other large or small manufacturing pharmacists who pretend to be ethical in all things and in all their dealings with the medical profession and yet are unethical in some feature of their business. Just as an example of the latter and to show we "play no favorites" we may mention John Wyeth & Brother, Inc., an old pharmacutical

house with a record of many years of honest dealing, and yet they put up their preparations in bottles of characteristic shape with their name blown in the side and on some of their products the amount of gratuitous reading matter is evidence of lack of due regard for the physician and of ethical practices generally. As glaring examples of their products thus supplied with circulars or uncalled for instructions to the public may be cited the following: Sevetol—Wyeth's Granular Effervescing Sodium Phosphate and Wyeth's Compressed Effervescing Lithia Tablets.

Feb. 1, 1908.

Since the completion of the above, the following letter reached Dr. Wyant:

Chicago, Ill., Jan. 8, 1908.

Dr. O. B. Wyant, Winfield, Kans.

My Dear Doctor:—This is a delayed reply to yours of Dec. 4th. I am very glad this matter has come up. If there is anything in the heart of the medical profession against us we want to know it before or as soon after it appears as we possibly can. No one knows just how they look to others until they can see themselves through the eyes of others, as we do in this instance.

There is nothing on earth further from our minds than to trade on the doctors' influence and reputation with the laity, and it would seem that our record with the medical profession and our fight for them, which we have waged unceasingly against great odds for many years, should be evidence enough that we are square.

There is no name of manufacturer stamped on our Saline Laxative package, and usually, if not always, it is put out with the label hooks, just tipped at the corner to hold it from turning, so that the druggist can remove it easily, and the dosage with minor suggestions as to the time for use which we find necessary even in the doctor's case, is all of consequence that the label suggests.

As to where the druggist shall keep Saline Laxative or similar preparations, that certainly is up to him, and really, when you come down to it, a simple laxative could scarcely be held to be a dispensing preparation anyway, to be found only on the druggist's dispensing shelves. Take a look at any druggist's and see if I am not correct.

I agree with you exactly as to the matter of proprietaries or remedies of any kind being put out for dispensing in the original containers with the name of the manufacturer, or the preparation (which is one worse) blown or stamped on the package. You will not find that the case with our preparations excepting such as are put up to be dispensed on count; and then, again, you know ours are largely dispensed by the doctor anyway, so that he can control the situation exactly.

I shall be very glad to publish this correspondence and will

do so if you will kindly answer my letter in spirit.

By today's mail I am sending you a complimentary package of Saline Laxative which I have sent for to the manufacturing department and secured while dictating your letter, and you will find everything relative to it exactly as I say. Not only this, but unless you know it through experience to be a first-class preparation, try it and you will find it so.

If you will go over this package carefully, Doctor, noting that what I have said is true, realizing the difficulty of pleasing everybody and taking into consideration just what I have asid, I am sure you will agree with me that it is not an unethical package. Should it be so considered by any large number of the profession (and I will ask the question in connection with the publication of this correspondence), I will change it at once.

With regards, thanking you for your courtesies and awaiting your pleasure, I am Sincerely yours,

W. C. Abbott.

The following is Dr. Wyant's reply, written with Dr. Clary's approval:

Winfield, Kans., Jan. 14, 1908.

W. C. Abbott, M. D., Chicago, Ill.

Dear Doctor:—Your delayed reply of the 8th inst. to my letter to you of the 4th ult. received.

I fail to see wherein you have answered my former letter. The facts are, your Saline is put up in a container that has stamped on the lid marks of identity as to the manufacturer. The advertising matter wrapped around the container is all that could be desired for any patent.

Further, your Saline put up is being put out by the counter prescribing druggist and bought by the laity as a patent.

As in my first letter to you, I again say remedies put up as you put up your Saline are either for the profession or patent trade. Which, Doctor?

I will look for a reply from you by the 25th inst, as I am preparing an article along the same line as above and hope to have your answer before completion of same.

Yours for advancment,

O. B. Wyant.

We received in reply a letter from Dr. Abbott dated Jan. 18, 1908. This was a very rambling, evasive letter, containing many uncalled for slurs and sarcastic remarks, with the evident intention of obscuring the point at issue. Dr. Abbott seems to think that we are attacking his products exclusively and without cause. This is not the case. We are simply, as stated above, opposed to the method employed in exploiting his "Saline Laxative."

It is not necessary to state on the label around a can of effer-

vescing "Epsom Salts" that it is to be used: "At all ages and in all conditions where a cooling, soothing, anti-acid, anti-ferment laxative or cathartic is needed."

"Acting as above, in the hands of the physicians, it is a prompt and sure relief for most forms of diarrhoea, constipation, foul breath and other conditions due to derangement of the digestive functions," that the medical profession may know how to use salts.

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THE JOURNAL OF THE KANSAS MEDICAL SOCIETY.

Entered at the Postoffice at Columbus, Kansas, as Second Class Matter.

CHAS. S. HUFFMAN, ... EDITOR

J. E. SAWTELL, / ASSOCIATE EDITORS
GEO. H. HOXIE, /

Subscription rates: $2.00 per year; 20c single copy. Advertising rates furnished promptly on application.

Meeting of State Society. The Kansas Medical Society will meet at Iola May 6, 7, and 8, 1908.

Dues for the year 1908 should be paid at once, so that all members may receive their 1908 membership card.

The Kansas Medical Society has always contended that medical professions should recommend the candidates for places on the State Boards of Health and Registration and Examination, and that it should not be left to political pull. At last we have a governor who has granted us this right. His letter is as follows:

Topeka, February 24, 1908.

Chas. S. Huffman, Columbus, Kans

My Dear Friend:—I have already decided to await the action of the Kansas Medical Society before making the appointments to which you refer, and have so informed parties interested. With best wishes, I am Cordially yours, E. W. Hoch.

The following is a good average of the advertising adopted by the druggists in many places in this state. A physician who resides in the town where the druggist lives who runs this advertisement, writes that all the resident physicians do prescription work. This kind of advertising is what will eventually cause physicians to furnish their own medicines.

WHERE FORETHOUGHT PAYS.

> "As an apothecary in 34 years here we know we have saved many a family expense and anxiety by suggesting remedies for common ailments that are apt to be neglected and grow serious and expen-

sive afterwards.

"These medicines we have yet, and increased experience. Call in and let us tell you about them.

"It is easier and much safer to take home a bottle of croup medicine than to face a cold wind to town at night after the need comes, or perhaps from being neglected for hours necessitates the calling of a physician or EVEN WORSE.

"It is easier and much cheaper to have medicine on hand for earache, toothache, stomach and bowel trouble, coughs and colds, roughness of hands, tired and aching feet, and all such common ailments. As we said before, our long expereince enables us to give you valuable service along these lines at a trifling cost to you. We are not a policeman, but we invite you to tell us your troubles, anyway."

Obituary.

Dr. H. E. Hastings of Olathe, died Feb. 13. 1908. Dr. Hastings was a member of the Johnson County, and State Medical Societies. He always took an interest in everything that stood for the advancement of medical science and the medical profession.

Obituary.

Dr. Francis M. Owens of Argonia, died Feb. 17, 1908, of pneumonia. He had lived in Argonia since 1902, was president of Sumner County Medical Suociety in 1907. He took an active interest in the welfare of his home town. He was a member of the Elks and a thirty-second degree Mason. A widow and four children survive him.

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NEWS AND NOTES.

The Central Committee of the International Congress on Tuberculosis has announced the offer of the following prizes:

1. A prize of $1,000 is offered for the best evidence of effective work in the prevention or relief of tuberculosis by any voluntary Association since the last International Congress in 1905. In addition to the prize of $1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

Evidence is to include all forms of printed matter, educational leaflets, etc.; report showing increase of membership, organization, classes reached—such as labor unions, schools, churches, etc.; lectures given; influence in stimulating local Boards of Health, schools, dispensaries, hospitals for the care of tuberculosis; newspaper clippings meetings held; methods of raising money; method of keeping accounts.

Each competitor must present a brief or report in printed form. No formal announcment of intention to compete is required.

2. A prize of $1,000 is offered for the best exhibit of an existing sanatorium for the treatment of curable cases of tuberculosis among the working classes. In addition to the prize of $1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

3. A prize of $1,000 is offered for the best exhibit of a furnished house, for a family or group of families of the working class, designed in the interest of the crusade against tuberculosis. In addition to the prize of $1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award. This prize is designed to stimulate efforts toward securing maximum of sun-light, ventilation, proper heating, and general sanitary arrangement for an inexpensive home. A model of house and furnishing is required. Each competitor must present a brief with drawings, specifications, estimates, etc., with an explanation of points of special excellence. Entry may be made under competitor's own name.

4. A prize of $1,000 is offered for the best exhibit of dispensary or kindred institution for the treatment of the tuberculosis poor. In addition to the prize of $1,000, two gold medals and three silver

medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

5. A prize o $1,000 is offered for the best exhibit of a hospital for the treatment of advanced pulmonary tuberculosis. In addition to the prize of $1,000, two gold medals and three silver medals will be awarded. The prize and medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management and results obtained. Each competitor must present a brief or report in printed form.

6. The Hodgkins Fund prize of $1,500 is offered by the Smithsonian Institution for the best treatise that may be submitted on "The Relation of Atmospheric Air to Tuberculosis."

The detailed definition of this prize may be obtained from the Secretary-General of the International Congress or Secretary of the Smithsonian Institution, Chas. D. Walcott.

7. Prizes for Educational Leaflets:

A prize of $100 is offered or the best educational leaflet submitted in each of the seven classes defined below. In addition to the prize of $100, a gold medal and two silver medals will be awarded in each class. Each prize and medal will be accompanied by a diploma or certificate of award.

Competitors must be entered under assumed names.

A. For adults generally (not to exceed 1,000 words).

B. For teachers (not to exceed 2,000 words).

C. For mothers (not to exceed 1,000 words).

D. For in-door workers (not to exceed 1,000 words).

E. For dairy farmers (not to exceed 1,000 words).

F. For school children in grammar school grades (not to exceed 500 words).

In classes A, B, C, D, E, and F, brevity of statement without sacrifice of clearness will be of weight in awarding. All leaflets entered must be printed in the form they are designed to take.

G. Pictorial booklet for school children in primary grades and for the nursery.

Class G. is designed to produce an artistic picture-book for children, extolling the value of fresh air, sun-light, cleanliness, etc., and showing contrasting conditions. "Slovenly Peter" has

been suggested as a possible type. Entry may be made in the form of original designs without printing.

8. A gold medal and two silver medals are offered for the best exhibits sent in by any States of the United States, illustrating effective organiaztion for the restriction of tuberculosis. Each medal will be accompanied by a diploma or certificate of award.

9. A gold medal and two silver medals are offered for the best exhibit sent in by any State or Country (the United States excluded), illustrating effective organization for the restriction of tuberculosis. Each medal will be accompanied by a diploma or certificate of award.

10. A gold medal and two silver medals are offered for each of the following exhibits: each medal will be accompanied by a diploma or certificate of award; wherever possible each competitor is required to file a brief or printed report:—

A. For the best contribution to the pathological exhibit.

B. For the best exhibit of laws and ordinance in force June 1, 1908, for the prevention of tuberculosis by any State of the United States. Brief required.

C. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any State or Country (the United States excluded). Brief required.

D. For the best exhibit of laws and ordinances in force June 1, 1908, for the prevention of tuberculosis by any municipality in the world. Brief required.

E. For the society engaged in the crusade against tuberculosis having the largest membership in relation to population. Brief required.

F. For the plans which have been proven best for raising money for the crusade against tuberculosis. Brief required.

G. For the best exhibit of a passenger railway car in the interest of the crusade against tuberculosis. Brief required.

H. For the best plans for employment for arrested cases of tuberculosis. Brief required.

11. Prizes of two gold medals and three silver medals will be awarded for the best exhibit of a work-shop or factory in the interest of the crusade against tuberculosis. These medals will be accompanied by diplomas or certificates of award.

The exhibit must show in detail construction, equipment, management, and results obtained. Each competitor must present a brief or report in printed form.

The following constitute the Committee on Prizes:
Dr. Charles J. Hatfield, Philadelphia, Chairman.
Dr. Thomas G. Ashton, Philadelphia, Secretary.
Dr. Edward R. Baldwin, Saranac Lake.
Dr. Sherman G. Bonney, Denver.
Dr. John L. Dawson, Charleston, S. C.
Dr. H. B. Favill, Chicago.
Dr. John B. Hawes, 2nd., Boston.
Dr. H. D. Holton, Brattleboro.
Dr. E. C. Levy, Richmond, Virginia.
Dr. Charles L. Minor, Ashville, N. C.
Dr. Estes Nichols, Augusta, Me.
Dr. M. J. Rosenau, Washington.
Dr. J. Madison Taylor, Philadelphia.
Dr. William S. Thayer, Baltimore.
Dr. Louis M. Warfield, St. Louis.

The Red Cross Thrown Open.

The government has decided to throw open the American National Red Cross to general membership, and already applications for enrollment are pouring in. Under the plan every good American citizen—man, woman or child—is eligible to membership.

On application to Edward R. Johnston, National Registrar of the Red Cross, 341, War Department, Army and Navy Building, Washington, D. C , the applicant's name will be enrolled, a badge of membership forwarded, and the Cross Red Bulletin will be sent regularly for one year.

Every candidate should forward one dollar with applicatoin, to cover enrollment and necessary expenses.

Information relative to the organizing of Red Cross Circles will be forwarded by the National Registrar upon request.

Philadelphia Medical Schools and the U. S. Pharmacopoeia.

At an informal conference called by Prof. Joseph P. Remington, of the teachers named below in the medical schools of Philadelphia, the following resolution was passed:

Resolved, that it is of the utmost importance for accuracy in prescribing, and in the treatment of disease, that students of medicine be instructed fully as to those portions of the United States Pharmacopoeia which are of value to the practitioner, and that

members of the medical profession be urged to prescribe the preparations of that publication, and further, that this resolutoin be forwarded to the Medical and Pharmaeutical Journals, and to the teachers of medicine and therapeutics in the United States.

James Tyron, M. D.
John H. Musser, M. D.
John Marshall, M. D.
Horatio C. Wood, Jr., M. D.
H. A. Hare, M. D.
J. W. Holland, M. D.
Alfred Stengal, M. D.
David L. Edsall, M. D.
Seneca Egbert, M. D.
M. C. Thrush, M. D.
James Wilson, M. D.
E. Q. Thornton, M. D.
John V. Shoemaker, M. D
I. Newton Snively, M. D.
J. M. Anders, M. D.
S. Colis Cohen, M. D.

February 3, 1908.

American Medicine has now passed out of the hands of Dr. George M. Gould and his staff. Dr. Frank Clark Lewis is the new managing editor. The Journal will continue to be a monthly issue at and is Philadelphia.

Dr. L. V. Sams of Rock Creek, who has served so efficiently as Secretary of Jefferson County Medical, Society has sold his practice going to take a post graduate course in New York.

The Hodgkins Fund Prize of $1,500 is offered by the Smithsonian Institution, Washington, D. C., in accordance with the following announcement:

In October, 1891, Thomas George Hodgkins, Esquire, of Setauket, New York, made a donation to the Smithsonian Institution, the income from a part of which was to be devoted to "the increase and diffusion of more exact knowledge in regard to the nature and properties of atmospheric air in connection with the welfare of man."

In the furtherance of the donor's wishes, the Smithsonian Institution has from time to time offered prizes, awarded medals, made grants for investigations, and issued publications.

In connection with the approaching International Congress on Tuberculosis, which will be held in Washington, September 2, to October 2, 1908, a prize of $1,500.00 is offered for the best treatise that may be submitted to that Congress "On the Relation of Atmospheric Air to Tuberculosis."

The treatise may be written in English, French, German, Span-

ish or Italian. They will be examined and the prize awarded by a Committee appointed by the Secretary of the Smithsonian Institution in conjunction with the officers of the International Congress on Tuberculosis.

The right is reserved to award no prize if in the judgment of the Committee no contribution is offered of sufficient merit to warrant such action.

The Smithsonian Institution reserves the right to publish the treatise to which the prize is awarded.

Further information, if desired by persons intending to become competitors, will be furnished on application.

Charles. Walcott, Secretary Smithsonian Institution.
Washington, Feb. 3, 1908.

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SOCIETY NOTES.

Editor Journal:—

Franklin County Medical Society at its annual meeting elected the following officers:

C. W. Hardy, Ottawa, President.

V. E. Lawrance, Ottawa, Vice President.

J. M. McWharf, Ottawa, Secretary and Treasurer.

This our fifth annual banquet was well attended. H. W. Gilley, retiring president, acted as toast master. The following responded to toasts that had been assigned them:

J. M. McWharf, Ambition.

V. E. Lawrance, The general Practitioner.

J. R. Lytle, Notes not Negotiable.

R. S. Black, Pigs in Clover.

H. W. Wright, Gasoline.

A general good time followed in which all participated.

Regular meetings the last Wednesday night of each month.

PROGRAM—1908.

MARCH 25. Influence of Mind Over Matter in Health and Disease, Dr. Josephyne E. Davis.

April 29. Man Abnormal, Dr. J. M. McWharf.

May 27. Anesthetic, Preparation for, Choice of, and Method of Administration, Dr. E. B. Gossett.

June 24. Tetanus, Dr. F. C. Herr.

July 29. Entero-Colitis, Acute and Chronic, Dr. J. R. Lytle.

August 26. Obstetrical Emergencies and their Treatment, Dr. Geo. W. Davis.

September 30. Legal and Moral Responsibilities of the Physician.

(Should Professional Confidence Always be Inviolate?) Dr. H. W. Gilley.

October 28. Scarlatina, Dr. V. E. Lawrance.

November 25. Chronic Nephritis, Parenchymatous and Intestinal, Dr. H. B. Johnson.

December 30. The Best Cardiac Remedies, Differential Indication for Their Use, Dr. W. L. Jacobus.

January, 1909. Annual Banquet. Address by the President, Dr. C. W. Hardy

Alternates.

Therapeutics, Non Medicinal, Dr. H. L. Kennedy.

Static Electricity in Treatment of Nervous Disorders, Dr. A. Haggart.

Smallpox, Dr. James Ball.

The Obligation of the Physician to his Profession and Clien tage, Dr. R. S. Black.

Any of the medical fraternity in our city on night of meeting are cordially invited to meet with us.

J. M. McWharf, Secretary and Treasurer.

Montgomery County.

Independence, Kans., Feb. 13, 1908.

Editor Journal: The Montgomery County Medical Society met Tuesday, Feb. 11, 1908, at 3 p. m., in Independence, with a goodly number of the members present.

Papers were read by Drs. J. A. Pinkston, of Independence, on Infantile Feeding, and by J. T. Davis of Independence, on Sciatica. Dr. A. W. Evans of Independence, was made a member of the Society upon application on ballot. The application of Dr. F. W. Duncan of Coffeyville, was presented for membership, and referred to the Board of Censors. The membership now numbers 39, and there are a few more in the county who have asked for application blanks, but have not been furnished as I have no more. Will you kindly send me blanks.

Our Society will meet hereafter on the second Tuesday of each month at 7:30 p. m., in Independence, Kans. Very truly yours,

W. C. Chaney, Secy.

Western Medical Society.

You are cordially invited to attend the meeting of the Western Kansas Medical Society to be held at Colby, Kans., Wednesday, March 18, 1908.

This meeting will take the place of the January and April meeting. Members are requested to bring their wives. All members having clinical material of interest are earnestly requested to present it at this meeting. Every member is especially requested to be present and visiting physicians from other societies will be accorded a cordial welcome. It is our intention to make the Northwestern Kansas the best medical organization in the state and we need the encouragement of your presence and the benefit of your discussions. Don't be a 'has-been," a "fogy" or a "back number," but come in and let us help each other. If you can't come, don't forget to send in your dues. Those on the program will confer a favor by sending in their papers to the president or secretary, in order that they may be read in case the author is unable to be present.

MORNING SESSION.

10:30 Paper, Empyema, Dr. V. C. Eddy, Colby. Discussion by Drs. Gulick and Winslow.

11:15 Paper, Pneumonia With Special Reference to its so called Specific Treatment, Dr. F. H. Smith, Goodland. Discussion by Drs. Blake and Mirell.

11:30 Business Meeting.

12:30 Intermission.

AFTERNOON SESSION.

2:00 Paper, Acute Parenchymatous Nephritis, Dr. E. D. Beckner, Hoxie. Discussion by Dr. Beaver and Marsh.

2:45 Paper, Tuberculosis, Dr. I. B. Parker, Hill City. Discussion by Drs. Lowis and McNoughton.

3:30 Paper, Chronic Myofibrosis. Some remarks on its Pathology Treatment and its Relation to the Stokes-Adams Syndrome, Dr. F. A. Carmichael, Goodland. Discussion General.

4:00 Clinic.

Shownee County.

March 12, 1908.

Editor Journal:—The March meeting of the Shawnee County Medical Society was an exceptionally good one. The following clinical reports were presented by Dr. W. A. Wehe. A case of Uraemia with symptoms resembling meningitis, by Dr. C. M. Hen-

sley. Chronic Otitis Media, by Dr. W. D. Stows. A report of a successful operation, which restored complete functon to a fractured elbow after its loss by reason of faulty union from fracture. Dr. S. J. Crumbine gave the Society a good paper on the work of the State Board of Health. He took up the question of tuberculosis in dairy cows and milk. He dwelt on the importance of the milk supply to the general health, and called attention to the number of cases of tuberculosis originating from the intestinal tract.

Dr. Schenlaber, State Veterinary, was present, and spoke on the subject of "Criminal Tuberculosis" in discussion of Dr. Crumbine's paper.

A committee consisting of Drs. Crumbine, Powell and Barns was appointed to investigate local conditions as regards tuberculosis, and make recommendations to the society as to what preventive measures could be taken by the society. J. B. Tower, Secy.

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ABSTRACTS.

A New Method of Testing the Functions of the Digestive Apparatus.

Einhorn (Therapeutic Gazette, January, 1908) submits a method for investigating the functions of the intestinal tract, the principle of which is the administration of test substances with the food and observation of the effects of the digestive fluids upon these substances.

Practically this test is made as follows: Patients are given in a gelatin capsule a string of beads with the following substances at tached thereto: catgut, fish-bone, mat, thymus, potato, mutton fat. After administering the capsule, every stool is examined with the stool-sieve until the bead-string has been recovered. If diarrhoea is present the sifting may not be necessary, as the bead-string can readily be seen (usually at the bottom of a glass vessel.)

Under normal conditions the bead-string appears after one or two days. It is then rinsed in cold water and examined. If digestion is normal we find that catgut, meat, and potato (except the skin) disappear entirely, hytmus and fat almost entirely, whereas the fish-bone usually disappears, but occasionally it may be present.

The nuclei of the thymus always disappear. In pathological conditions deviations from the normal are observed, not only in regard to the time of recovery of the beads (disturbances of motility), but also in regard to the presence of the food substances (disturb-

ances of the digestive function.)

The author divides his cases of intestinal digestive disturbances into two groups:

1. Those of pure nervous intestinal dyspepsia.
2. Those of genuine intestinal dyspepsia.

In that great class of cases of intestinal dyspepsia, in which the starch digestion alone is disturbed, Taka-Diastase (Takamine) has proved of especial value.

Twenty Hospital Cases.

I have used the H-M-C anesthetic successfully in twenty cases, full reports of which I have kept as they were all hospital cases.

J. B. Wright, M. D. Trenton, Mo.

Used in Miscarriage—Just What was Wanted.

I find your H-M-C hypnotic anestehetic just what I have wanted for some time, and will keep a supply always on hand.

In miscarriage where the placenta must be removed under anesthesia they are the very thing and relieve the operator of the worry of chloroform or ether. I believe them superior to the morphine and atropine hypodermic as more lasting and certain in effect.

Dr. A. D. Barnett, Guilford, Mo.

Greatest Accessory of Modern Times.

I used your H-M-C tablet in operation for ventral hernia. A previous operation failed to get union. I handled the intestines for a lesion and in closing the wound lapped the muscles well and used strong staple sutures after the Mayo method for umbilical hernia. I gave one tablet two and a half hours before operating, repeated in a half hour. During one hour's work she inhaled only twenty drops of chloroform, and could have done without that; especially if I had given the third tablet. This combination is destined to be one of the most important accessories to capital surgery in modern times.

J. M. Inge, M. D., Denton, Texas